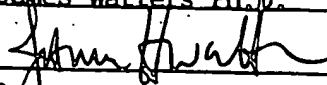


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<b>REISSUE APPLICATION DECLARATION BY THE ASSIGNEE</b>		Docket Number (Optional) <b>1819/100053</b>					
At least one error upon which reissue is based is described as follows:  Claim 1 in the above-identified patent recites, "A mask for use on a layer of imaging material ..." and claim 8 recites, "a layer of masking material ... on at least a portion of the layer of imaging material." This is incorrect because the mask 10 is on the substrate 16, not the imaging material (i.e., photoresist) 14, as show at FIG. 10 in the patent.  <div style="text-align: center;">[Attach additional sheets, if needed.]</div> All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.							
I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith. <table style="width: 100%;"> <tr> <td style="width: 50%;">Name(s)</td> <td style="width: 50%;">Registration Number</td> </tr> <tr> <td colspan="2" style="text-align: center;">See Attached Appendix</td> </tr> </table>				Name(s)	Registration Number	See Attached Appendix	
Name(s)	Registration Number						
See Attached Appendix							
Correspondence Address: Direct all communications about the application to: <div style="display: flex; align-items: center;"> <input type="checkbox"/> Customer Number <span style="border: 1px solid black; width: 150px; height: 20px; display: inline-block; vertical-align: middle;"></span> <div style="margin-left: 20px;">→</div> <div style="border: 1px solid black; padding: 5px; text-align: center;">                     Place Customer Number Bar Code Label Here                 </div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <span style="margin-right: 20px;">OR</span> <span>Type Customer Number Here</span> </div>							
<input checked="" type="checkbox"/> Firm or Individual Name	Gunnar G. Leinberg, Esq.						
Address	Nixon Peabody LLP						
Address	P.O. Box 31051						
City	Rochester	State	NY Zip 14603				
Country	U.S.A.						
Telephone	585/263-1014	Fax	585/263-1600				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.							
Full name of person signing (given name, family name)							
James Watters Ph.D.							
Signature			Date				
		Oct 2, 2003					
Address of Assignee							
54 Lomb Memorial Drive							
Rochester, New York 14623-5604							